

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000500559

Entity Name: YOUR PAY BUDDY LLC

Current Principal Place of Business:

1002B S CHURCH AVE
TAMPA, FL 33629

Current Mailing Address:

PO BOX 320192
TAMPA, FL 33679 US

FEI Number: 88-4349182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMERGE PAY LLC
1002B S CHURCH AVE
TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name EMERGE PAY LLC
Address 1002B S CHURCH AVE
City-State-Zip: TAMPA FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA SAMUEL

CEO

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date